

## **BELLEVUE MEDICAL CENTER- 2011 COMMUNITY HEALTH NEEDS ASSESSMENT**

The Affordable Care Act (ACA) imposed new requirements on not-for-profit hospitals to work collaboratively with the communities they serve to identify and prioritize top community health needs and strategically plan to address those needs. More information on the new requirements for tax-exempt hospitals as outlined in the ACA can be found here: <http://www.irs.gov>

To comply with IRS guidelines, all tax exempt hospitals are required to complete a “Community Health Needs Assessment” (CHNA). Bellevue Medical Center (BMC) is a for-profit hospital that is owned, in majority, by the not-for-profit hospital, The Nebraska Medical Center (TNMC). Thus, The Nebraska Medical Center’s 2011 CHNA was designed to include Sarpy County, the county in which BMC is located. Despite its current for-profit status, BMC’s financial assistance policies and community benefit goals mirror those of TNMC, and BMC actively participates in many community health improvement activities in the Bellevue Community.

For this comprehensive 2011 CHNA process, a steering committee comprised of key stakeholders from area health systems, local county health department representatives, and key informants from several community agencies worked collaboratively to oversee the process. The CHNA steering committee retained Professional Research Consultants (PRC), Inc. to conduct the survey. PRC is a nationally recognized health care consulting firm with extensive experience conducting CHNAs such as this in hundreds of communities across the United States since 1994.

*\*A full listing of steering committee members can be found in **Appendix A**.*

The 2011 CHNA report utilizes a systematic, data driven approach to determining the health status, behaviors and needs of residents in the Omaha metropolitan area, including Douglas, Sarpy, Cass and Pottawattamie counties. In order to be compliant with the new ACA regulations, TNMC will complete this CHNA reporting process every 3 years for the county served by BMC, and provide annual progress updates as part of maintaining the hospital's not-for-profit status.

### **DESCRIPTION OF COMMUNITY SERVED**

Due to the size and scope of The Nebraska Medical Center and Bellevue Medical Center and the variety of services provided, the 2011 PRC CHNA report essentially covers the community served by The Nebraska Medical Center and its affiliate, Bellevue Medical Center (BMC). The study area for this CHNA survey effort (referred to as the “Metro Area” in this report) includes Douglas, Sarpy and Cass counties in Nebraska, as well as Pottawattamie County in Iowa. Douglas County is further divided into 5 geographical areas (Northeast Omaha, Southeast Omaha, Northwest Omaha, Southwest Omaha, and Western Douglas County). A Map of the assessed counties can be found in the full PRC CHNA document in the link below.

#### **[CHNA Project Overview](#)**

The four-county community defined for this assessment was determined by agreement among the collaborative of sponsors of this study. It is a geography that: 1) encompasses areas from which a clear majority of Bellevue Medical Center’s patients originate; 2) promotes collaboration among multiple health systems, health departments and other community organizations; 3) provides a more coherent picture of community health needs, while reducing redundancy; and 4) affords the sponsoring organizations a focus that allows for drill-

down to known high-need areas of the community. Full demographic information for the assessed counties can be found here: <http://quickfacts.census.gov>

## **PROCESS, METHODS AND ANALYTICS**

The following is a description of the process and methods used to conduct the assessment, including a description of the sources used in the assessment and the analytical methods applied to identify community health needs.

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through a series of key informant focus groups.

The approach for this survey is identical to that applied previously in the metro area by Live Well Omaha and the Douglas County Health Department, allowing for extensive trending. Most indicators identified in this assessment allow for benchmarking, including trending comparison to state and national data, and/or comparison against [Healthy People 2020](#) objectives.

Certain population groups, such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish are not represented in the survey data. Other population groups, for example, pregnant women, lesbian, gay, bisexual, transgender residents, undocumented residents and members of certain racial/ethnic or immigrant groups might not be identifiable or might not be represented in numbers sufficient for independent analysis.

The report brings together a wide array of community health indicators in the metro area, gathered from both primary and secondary data sources, including:

- A telephone survey (both landline and cell phone interviews) among 2,200 residents throughout the metro area (Douglas, Sarpy and Cass counties in Nebraska, as well as, Pottawattamie County, Iowa.)
  - 149 survey items, 25 to 30 minute interview
  - By geography, 55 percent Douglas County (200 random in five city areas), 18 percent Sarpy County, 9 percent Cass County, 19 percent Pottawattamie County
  - The questions used for this survey were based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues.
- County-level data from the *Behavioral Risk Factor Surveillance System*.
- The most recently published public health and vital statistics data related to births, deaths and notifiable disease conditions (2010 data for Nebraska and Iowa).
- The Centers for Disease Control and Prevention
- County Health Rankings Project: Robert Wood Johnson Foundation & University of Wisconsin Population Health Institute
- GeoLytics Demographic Estimates and Projections
- Iowa Department of Public Health

- National Center for Health Statistics
- Nebraska Department of Health and Human Services
- Pottawattamie County Health Department
- Sarpy/Cass Department of Health and Wellness
- State Health Facts: Kaiser Family Foundations
- US Census Bureau data
- US Department of Health and Human Services
- “Healthy People 2020” Project by the US Department of Health and Human Services
- US Department of Justice, Federal Bureau of Investigation

Detailed information on PRC's CHNA methodology can be found in this link:

[PRC CHNA Survey: Project Overview and Methodology](#)

### **INPUT FROM COMMUNITY STAKEHOLDERS**

Key informant focus group discussions included representation from all of the assessed Counties. Focus group participants were chosen because of their ability to provide input regarding vulnerable or medically underserved populations, minorities, and/or populations with chronic disease.

Eighty-seven community stakeholders, including physicians, other health professionals, social service providers, and business and community leaders participated in focus group sessions held in August of 2011:

August 16<sup>th</sup>: Jennie Edmundson Hospital, Council Bluffs, IA (Pottawattamie Co.)

August 23<sup>rd</sup>: Alegent Creighton Health, McAuley Center, Omaha, NE (Douglas Co.)

August 24<sup>th</sup>: Methodist Hospital, Nebraska Room, Omaha, NE (Douglas Co.)

August 24<sup>th</sup>: The Nebraska Medical Center, Clarkson Board Room, Omaha NE (Douglas Co.)

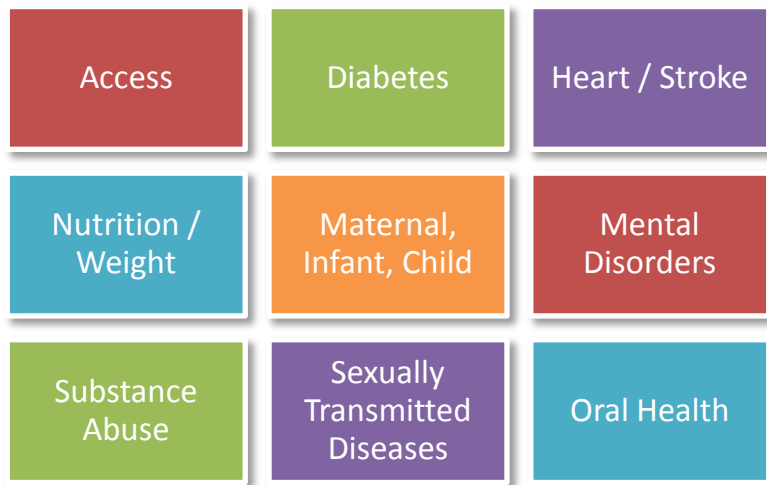
August 25<sup>th</sup>: Alegent Creighton Health, Midlands Hospital, Bellevue, NE (Sarpy/Cass Co.)

***\*Key informant names, organizations, and areas of expertise can be found in: Appendix B***

## SUMMARY OF CHNA KEY FINDINGS

PRC prioritized the survey data into nine community needs. This was done by first comparing the local survey data to State and National survey data. Health needs which scored statistically worse than the national or state averages were flagged. A second filter was applied using other related factors, such as the relative size of the population impacted by the need in the community.

The following “health needs” represent recommended areas of intervention, based on the information gathered through the CHNA and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist in the region with regard to the following health concerns:



An executive summary of PRC’s findings can be accessed here: [CHNA Summary](#)

In January of 2013, the CHNA Steering Committee reconvened to discuss the CHNA results and share priority focus areas for each of the area health systems and County health departments. Through these discussions, the Steering Committee was able to identify opportunities to collaborate and share information on existing community assets to address all of the CHNA identified needs. The collaboration plans and listing of community resources will be detailed in each hospital’s required “Implementation Strategy Plan” (ISP).

## **INTERNAL PRIORITIZATION OF COMMUNITY NEEDS**

To prioritize the CHNA findings for each of its hospital locations, The Nebraska Medical Center (TNMC) consulted a broad group of enterprise-wide stakeholders with special expertise in each of the CHNA-identified need areas. This group reviewed the survey findings to determine which of the nine high priority needs would be best addressed by the specific expertise of TNMC and Bellevue Medical Center (BMC). The internal prioritization meeting participants are listed below:

- James Canedy, MD, Private Practice Physician
- Chris Kratochvil, MD, College of Medicine, Research
- Mike Sitorius, MD, UNMC Physicians, Family Practice and Board Director, BMC
- Carl Smith, MD, President, UNMC Physicians and Board Director, BMC
- Shelly Schwedhelm, Director, Emergency and Trauma
- Connie Ogden, Executive Director, Adult Psychiatric/ Diabetes
- Lisa McClane, Executive Director, Women, Infants and Children
- Jorge Parodi, Executive Director, Cardiovascular Services
- Tadd Pullin, Senior Vice President, Marketing, Strategic Planning, and Network Ops
- Melissa Anderson, Director, Patient Experience
- Leslie Spethman, Community Relations Liaison
- David Larrick, Senior Marketing Consultant, Bellevue Medical Center
- Randall Hallett, Executive Director, Office of Development
- Annette Wolfe, Director, Strategic Planning

The group considered several criteria in deciding which of the high priority needs to focus on, including the following questions:

- Do any CHNA-identified needs for Sarpy County align with BMC core competencies?
- Are existing initiatives in progress to address any of identified needs?
- Does BMC have the ability to make meaningful impact to area of need?
- Does the need involve vulnerable populations and address health disparities?
- What is the availability of other community resources to address the need?

Based on prioritization data found in **Appendix C**, the committee determined that give the prevalence of diabetes found in Sarpy County, it would make most sense for BMC to formulate a plan to address the incidence and management of diabetes patients in the community served by BMC.

To access the full PRC-conducted CHNA report click here: <http://www.douglascohealth.org>

## **NEXT STEPS**

Given Bellevue Medical Center’s geographic location, core competencies, existing community benefit initiatives, and quantitative data supporting the prevalence of these needs; the highlighted health need below were determined to be most logical as an initial area of focus for Bellevue Medical Center’s required “Implementation Strategy Plan” (ISP) for the community served by BMC based on the 2011 CHNA.



To access the full PRC-conducted CHNA report click here: <http://www.douglascohealth.org>

Analysis of the 2011 CHNA results is an ongoing process involving many internal and external stakeholders. The Nebraska Medical Center and Bellevue Medical Center are currently assessing all existing community benefit programs and initiatives and recruiting an enterprise-wide advisory committee to provide meaningful input and direction into each of the focus areas for the plan to improve community health. This plan will be laid out in Bellevue Medical Center’s ISP document. That ISP document, based on the 2011 CHNA, will be approved by Bellevue Medical Center’s Board of Directors.

To satisfy all ACA requirements, the board-approved ISP for the 2011 CHNA will be made publicly available through this website by November 15, 2013. If you’d like to request paper copies of the 2011 CHNA or ISP documents, please email [webmaster@nebraskamed.com](mailto:webmaster@nebraskamed.com).

## **Appendix A- CHNA Steering Committee Participant Names**

Below is a listing of the participants and the sponsoring organizations represented in the original CHNA Steering Committee formed in 2011.

Alegent Creighton Health:

- Beth Llewellyn- Vice President, Mission Integration
- Mikki Frost- Director, Community Benefit and Healthier Communities

Douglas County Health Department:

- Dr. Adi Pour- Health Director
- Mary Balluff- Division Chief, Community Health and Nutrition Services

Live Well Omaha:

- Kerri Peterson- Executive Director

Methodist Health System:

- Ken Klaasmeyer- Vice President
- Ruth Freed- Director of Clinical Alignment
- Jeff Prochaska- Director, Strategic Planning

Visiting Nurses Association/Pottawattamie County:

- Kris Stapp- Vice President, Community Health Service

Sarpy/Cass County Health Department:

- Diane Kelly- Health Director

The Nebraska Medical Center:

- Tadd Pullin- Senior Vice President, Marketing, Strategic Planning and Network Ops
- Annette Wolfe- Director, Strategic Planning
- Leslie Spethman- Gift Officer/Community Relations and Community Benefit

**Appendix B- Focus Group Key Informants**

2011 CHNA	KEY INFORMANT FOCUS GROUPS	Populations Served (choose all that apply)			
Attendee Name and Title	Organization Represented	Medically Underserved	Low-Income	Minority	Populations w/ Chronic Disease
Carol Maguire, <i>Operations Director</i>	Alegent Health	x	x	X	X
Dr. Joseph Hoagbin, <i>System Director of Clinical Effectiveness and Utilization Management</i>	Alegent Health Mercy Hospital	X	X	X	X
Connie Bliez, <i>Chief Nurse Executive</i>	Alegent Health Mercy Hospital	x	x	x	x
Shiree Keely, <i>VP of Behavioral Health</i>	Alegent Health System	X	X	X	x
Dr. Rick Miller, <i>SVP and Chief Quality Officer</i>	Alegent Health System	x	x	x	x
Regina Tullow-Williams	B6CM			x	
Dr. Dave Filipi	BCBSNE	x	x	X	x
Herb Evers, <i>Captain</i>	Bellevue Police Department	x	x	x	x
Maureen Mcnamara, <i>Director of Program Services</i>	Bellevue Public Schools	x	x	x	x
Danielle Brandt, <i>Director</i>	Bellevue Senior Center	x	x	x	x
Nichole Turgeon, <i>Development</i>	Big Brothers Big Sisters		x	x	
Tom Pettigrew, <i>CEO</i>	Brush Up Nebraska and Rebuilding Together	x	x	x	x
Michelle Bacalucco	Carter Lake Resource Center			x	
Sam Balk, <i>Physicians Assistant</i>	Cass Family Medicine	x	x	x	x
Nancy Draheta, <i>Director</i>	Children's Square		x	x	x
Donna Lynam, <i>Zoning</i>	City Of Gretna	x			



<i>Administrator</i>					
Rev. Portia A. Cavitt	Clair Memorial UMC	x	x	x	x
Dr. Mary Anne Stevens, <i>President</i>	College Of St. Mary		x	x	
Lori Shields, <i>Director of Marketing</i>	Council Bluffs Chamber of Commerce		X	x	
Debra Bertrand, <i>Clinical Coordinator</i>	Council Bluffs Community Health Center	x	x	x	x
Dr. Martha Bruckner, <i>Superintendent of Schools</i>	Council Bluffs Schools	x	x	x	x
Dr. Debra Esser, <i>Physician, Vice President of Medical Affairs</i>	Coventry Health Care Of Nebraska	x	x	x	x
Dr. Amy Haddad, <i>Director, Center for Health Policy</i>	Creighton	x	X	x	
Tom Bouska, <i>Service Area Manager</i>	Iowa Department of Health	x	x	x	x
Dr. Mary Lee Fitzsimmons, <i>RN, MA, PhD, Non-Profit Management Consultant, Community Leader</i>	Domestic Violence Coordinating Counsel	x	x	x	x
Sarah Zach, <i>Program Manager</i>	FAMILY, Inc.	x	x	x	
Connie Gronstal, <i>CEO</i>	FAMILY, Inc.		x	x	
Kimberly Kolakowski, <i>Director</i>	Family Connections, Inc.		x	x	x
Cheryl Perkins, <i>Administrator</i>	Gabriel's Corner		x		
Carol Johnson, <i>Program Coordinator</i>	Green Hills AEA			X	
Debra Kissel, <i>Program Coordinator</i>	Green Hills AEA			X	
Courtney Pinzard, <i>Program Coordinator</i>	Gretchen Swanson Center For Nutrition	x	x	x	x
John Levy, <i>Executive Director</i>	Heart Ministry Center	x	x	x	x
Sandra McKinnon, <i>MS, Family Life Specialist</i>	Iowa State University Extension		X	X	

Sue Willms, <i>RN, Director of Nursing</i>	Iowa West Community College		X	X	
Sandy Hall, <i>Executive Director</i>	Keep Council Bluffs Beautiful			X	
Mike Mcmeekin, <i>President</i>	Lamp Rynearson & Associates Inc		X	X	
Ruth Henrichs, <i>CEO</i>	Lutheran Family Services	x	x	x	
Carol Casey, <i>Director</i>	Management Solutions		X		
Dr. Anton Piskac, <i>Physician, Internal Medicine</i>	Westroads Medical Group	X	X	X	x
Kevin Rochford, <i>Service Executive</i>	Methodist Health System	X	X	X	X
Bobbie Nielsen, <i>Program Director</i>	MICHAH House Shelter		X	X	
Kay Farrell, <i>CEO</i>	National Safety Council Omaha	x	X	X	
Dr. Donna Polk-Primm, <i>PhD, CEO</i>	NE Urban Indian Health	x	x	x	x
Ronald Abdouch, <i>Executive Director</i>	Neighborhood Center		x	x	
Ryan Willer, <i>Outreach Coordinator</i>	Neighborhood Center		X	X	
Wayne Houston, <i>MPH, Administrator College of Public Health UNMC</i>	North Omaha Community Care Council C/O UNMC COPH	x	x	x	x
Connie Spellman, <i>Founding Director</i>	Omaha By Design		X		
Andrea Skolkin, <i>CEO</i>	OneWorld	x	x	x	x
Dr. Kristine Mcvey, <i>Medical Director</i>	OneWorld Community Health Center	x	x	x	x
Diana Kelly	OPD		X	X	
Laura Jean O Connor, <i>Director</i>	Papillion Sr. Center	x	x	x	x
Dr. Brad Conner, <i>Director of Student Services</i>	Papillion/Lavista Public Schools	x	x	X	
Lois Erickson, <i>Coordinator of Business Partners</i>	Papillion/Lavista Public Schools	X	X	X	
Sylia Roundtree, <i>RN</i>	Parish Nurse	x	x	x	
Monica Sciortine, <i>RN</i>	Parish Nurse Coordinator		x	x	x

Ejay Jack, <i>MSW, MPA, Health Education Director</i>	Planned Parenthood of the Heartland	X	X	X	X
Dr. Cherie Larson, <i>Director of Instructional Services</i>	Plattsmouth Community School District		x	x	
Kristine Wood, <i>WIC Program Coordinator</i>	Pottawattamie County WIC	x	x		
Diane Riibe, <i>CEO</i>	Project Extra Mile		X		
Patricia Russman, <i>Executive Director</i>	Promise Partners		x		
John Birge, <i>Architect</i>	Rdg Planning & Design		X		
Patti Jurjevich, <i>Regional Administrator</i>	Region 6 Behavioral Healthcare	x	x	x	x
Douglas Zbylut, <i>CEO</i>	Ronald Mcdonald House Charities	x	x	x	x
Fred Uhe, <i>Chief Deputy County Clerk's Office</i>	Sarpy County			x	
Kevin Nokels, <i>CEO</i>	Sarpy County Chamber Of Commerce			X	
Curtis Rainge, <i>Director of Community Services</i>	Sarpy County Community Services	x	x	x	x
Jean Brazda, <i>Director of Diversion Office</i>	Sarpy County Diversion	x	x	x	x
Dean Loftus, <i>Intake Program Coordinator</i>	Sarpy County Diversion				
Kathy Roehrig, <i>Teacher</i>	Sarpy County Juvenile Justice Center	x	x	x	x
Russ Zeeb <i>LT, Community Relations</i>	Sarpy County Sheriff's Department				
Sherrie McDonald, <i>Case Management Coordinator</i>	Southwest 8 Senior Services		x		x
Shon Barenklau, <i>Publisher</i>	Suburban Newspaper				
Nancy Hemesath <i>CEO</i>	Ted E Bear Hollow		x	x	
Joan Friedman, <i>Tobacco Program Coordinator</i>	Tobacco Free Nebraska	x			
Karen Bricklemeyer, <i>CEO</i>	United Way Of The Midlands		x	x	
Carolyn Dorn, <i>RN, Parish Nurse</i>	Immanuel Lutheran Church	x	x		x
Harlan Metschke,	Building Bright Futures	x	x	x	x

<i>Administrator</i>					
Dr. Kari Simonsen, <i>Physician</i>	UNMC Medical Advisor to DH	x	x	x	x
Dr. Katherine Kaiser, <i>PhD, RN, PHCNS, BC</i>	UNMC, College of Nursing	x	x	x	x
Anotonia Correa, <i>BA, MA, Community Outreach/Tobacco Prevention Specialist</i>	UNMC, College of Public Health, Center for Reducing Health Disparities	x	x	x	x
Dr. Marvin Bittner, <i>Physician</i>	VA Medical Center		x	x	X
Aubrey Mancuso, <i>Development Director</i>	Voices For Children In Nebraska	x	x	X	
Carolyn Rooker, <i>Executive Director</i>	Voices For Children In Nebraska	x	x	x	
Ellie Archer, <i>CEO</i>	Women's Fund	X	X	X	
Nancy Noda, <i>RN</i>	Bellevue Medical Center	X	X	X	X

## Appendix C- Prioritization Data

The following tables outline prioritization data considered to determine BMC focus areas.

<b>Diabetes</b>	
Quantitative Evidence	<p>Diabetes is a major cause of heart disease and stroke. Death rates for heart disease and the risk of stroke are about two to four times higher among adults with diabetes than among those without diabetes. In addition, 67 percent of U.S. adults who report having diabetes also report having high blood pressure.</p> <p>Average medical expenses are more than twice as high for a person with diabetes as they are for a person without diabetes. In 2007, the estimated cost of diabetes in the United States was \$174 billion. That amount included \$116 billion in direct medical care costs and \$58 billion in indirect costs (from disability, productivity loss, and premature death).</p> <p>(Sources: Centers for Disease Control and Prevention. <i>Diabetes Report Card 2012</i>. And Atlanta, GA: Centers for Disease Control and Prevention, US Department of Health and Human Services; 2012.)</p> <p>Percentage of adults with diagnosed diabetes, in Nebraska (as of 2010) was 7.1 percent.</p> <p>Percentage of adults who have ever been told they have prediabetes in Nebraska (as of 2010) was 5.4 percent.</p> <p>(Source: <i>National Diabetes Surveillance System, Behavioral Risk Factor Surveillance System data</i>.)</p> <p>A total of 10.6 percent of Metro area adults report having been diagnosed with diabetes. The largest percentage in the metro reporting in Southeast Douglas County, which is immediately adjacent to Sarpy County/BMC. In 2010, there was an annual average age-adjusted diabetes mortality rate of 15.7 deaths per 100,000 population in Sarpy County. (Source: <i>2011 Community Needs Assessment</i>)</p>
Qualitative Evidence	<p>The state of Nebraska has identified diabetes as a significant, and growing, health problem. In particular, minorities and elderly, who make up a large portion of BMC's inpatient population, are disproportionately affected by this condition.</p>
Hospital Strengths	<p>BMC's diabetes services are under the guidance of TNMC's Diabetes Center, which is recognized by the American Diabetes Association for quality diabetes care education and has earned the Joint Commission's 2011 Gold Seal of Approval™ for Advanced Inpatient Diabetes Care. In addition to the variety of clinical services, the center offers self-management educational programs and research study opportunities. Continued education is critical to the successful management of diabetes; thus the strength of</p>

	<p>TNMC’s diabetes education programs illustrates special expertise to address this community need at the BMC location.</p>
<p>Alignment with local, regional, state or national health goals</p>	<p>The Nebraska Diabetes Prevention and Control Program (DPCP) was established in 1977 within the Nebraska Department of Health, which is now part of the Nebraska Department of Health and Human Services (DHHS). The mission of the program is to reduce the impact of diabetes in Nebraska by promoting and improving diabetes prevention, management, and education. In recent years, program activities have focused primarily on public and professional education. The DPCP is funded by Centers for Disease Control (CDC), an agency within the U.S. Department of Health and Human Services.</p>